



SHRI RAMASAMY MEMORIAL UNIVERSITY SIKKIM

OFFICE OF THE CONTROLLER OF EXAMINATIONS

Date:

PROFORMA FOR SUBMITTING THE SYNOPSIS

| | | |
|-----|---|---|
| 01. | Name (as in the Degree Certificate) in Block Letters | |
| 02. | Registration Number | |
| 03. | Father's Name | |
| 04. | Age, Place and Date of Birth | |
| 05. | Address (in Block Letters) to which all communications are to be sent: | |
| 06. | Particulars of PG or other qualifying Degree to the Ph.D Programme | Degree : Date of Passing : Register No. : University : |
| 07. | Date of Convocation at which the above Degree was taken | |
| 08. | If the qualifying degree is from an University outside Tamilnadu, give the reference number and date of the Communication of this University recognising the Degree | |

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| 09. | Provide information regarding Provisional registration of the Ph.D.Degree | Date of Provisional Registration: Date of Confirmation: University Ref.No : |
| 10. | Faculty and Department in which the Research was undertaken by the candidate | |
| 11. | a. Category at the time of Registration : b. Change of category, if any | |
| 12. | Date of Completion of maximum period | |
| 13. | Extension of period approved (date to be mentioned) | |
| 14. | Date of DC meeting for approval of Synopsis | |
| 15. | Date of Submission of Synopsis | |
| 16. | Semester Fees Details | |

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|----------------|--|--|--|--|--|--|--|--|
| Month and Year | | | | | | | | |
| Amount Paid | | | | | | | | |
| Month and Year | | | | | | | | |
| Amount Paid | | | | | | | | |

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| 17. | Course Work Details |
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| Course Code | Course Title | Credits | Core Course / Elective / Special Elective | Grade / Marks |
|---------------------------|--------------|---------|---|---------------|
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| | | | | |
| | | | | |
| CGPA | | | | |
| Comprehensive Examination | | | | Pass/ Fail |

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| 18. | Progress Report – submitted |
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|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Period | Jan-Jun | Jul-Dec | Jan-Jun | Jul-Dec | Jan-Jun | Jul-Dec | Jan-Jun | Jul-Dec |
| Date of Submission | | | | | | | | |
| Date of Submission | | | | | | | | |

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| 19. | Title of Thesis (in Block Letters) | |
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| 20. | Name, Designation and full address of the Supervisor | Name : Designation : Address : E mail : Phone : Fax : |
|-----|--|--|

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| 21. | Name, Designation and full address of the Joint Supervisor (if applicable) | Name : Designation : Address : E mail : Phone : Fax : |
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| 22. | Publication Details Photo copy of the papers and proof for impact factor should be enclosed. | National | |
| | | International | |

| | | | |
|-----|-----------------------------|---------------|-------------------------------|
| 23. | Synopsis Fees Paid Details: | | |
| | Date | DD No. & Date | Name of the Bank with Address |
| | | | Amount |
| | | | |

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|-----|---|----------|
| 24. | Whether Synopsis submitted within the maximum duration (if NO, copy of the extension order should be enclosed.) | YES / NO |
|-----|---|----------|

Certified that the information furnished above are true and correct to the best of my knowledge.

**Signature of the Scholar
(With date)**

**Signature of the Supervisor
(With date)**

**Signature of Co-Supervisor
(if applicable)
(With date)**

**Signature of the Head
of the Department
(With date & Seal)**

**Signature of the Dean (Research) /
Dean, Medical Research
(With Name, Date & Seal)**

**Signature of the Head
of the Institute
(With Name, Date & Seal)**

For Office Use only
Checked and accepted.

Controller of Examinations

Superintendent